

## **Application Data Sheet**

### **Application Information**

|   |  |
|---|--|
| <b>Application Type::</b>               | Regular  |
| <b>Subject Matter::</b>                 | Utility  |
| <b>Suggested classification::</b>       |  |
| <b>Suggested Group Art Unit::</b>       |  |
| <b>CD-ROM or CD-R?::</b>                | None   |
| <b>Computer Readable Form (CRF)?::</b>  | No   |
| <b>Title::</b>                          | INDUCTION OF MUCOSAL IMMUNITY BY<br>VACCINATION VIA THE SKIN ROUTE |
| <b>Attorney Docket Number::</b>         | 036481-0143  |
| <b>Request for Early Publication?::</b> | No   |
| <b>Request for Non-Publication?::</b>   | No   |
| <b>Suggested Drawing Figure::</b>       | 1  |
| <b>Total Drawing Sheets::</b>           | 13   |
| <b>Small Entity?::</b>                  | No   |
| <b>Petition included?::</b>             | No   |
| <b>Secrecy Order in Parent Appl.?::</b> | No   |

### **Applicant Information**

|                                      |               |
|--------------------------------------|---------------|
| <b>Applicant Authority Type::</b>    | Inventor      |
| <b>Primary Citizenship Country::</b> | China         |
| <b>Status::</b>                      | Full Capacity |
| <b>Given Name::</b>                  | Dexiang       |
| <b>Family Name::</b>                 | CHEN          |
| <b>City of Residence::</b>           | Madison       |
| <b>State or Province of</b>          | Wisconsin     |
| <b>Residence::</b>                   |               |
| <b>Country of Residence::</b>        | US            |

**Street of mailing address::**  
**City of mailing address::** Madison  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53711

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** India  
**Status::** Full Capacity  
**Given Name::** Sangeeta  
**Family Name::** BHARGAVA  
**City of Residence::** Madison  
**State or Province of Residence::** Wisconsin

**Country of Residence::** US  
**Street of mailing address::**  
**City of mailing address::** Madison  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53711

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Deborah  
**Family Name::** FULLER  
**City of Residence::** Madison  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::**  
**City of mailing address::** Madison

**State or Province of mailing**      WI  
**address::**  
**Postal or Zip Code of mailing**      53711  
**address::**

**Correspondence Information**

**Correspondence Customer Number::**    27476  
**E-Mail address::**                              PTOMailWashington@Foley.com

**Representative Information**

|   |       |  |
|---|-------|--|
| <b>Representative Customer Number::</b> | 22428 |  |
|---|-------|--|

**Domestic Priority Information**

| <b>Application::</b> | <b>Continuity Type::</b>                                | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
|----------------------|---|-----------------------------|-----------------------------|
| This Application     | Continuation of   | 09/710,104                  | 11/09/2000                  |
| 09/710,104           | An application claiming the benefit under 35 USC 119(e) | 60/164,529                  | 11/10/1999                  |

**Foreign Priority Information**

| <b>Country::</b> | <b>Application number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
|------------------|-----------------------------|----------------------|---------------------------|
|                  |                             |                      |                           |

## **Assignee Information**

**Assignee name::** PowderJect Vaccines, Inc.